## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

10/527968

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |  |                                 |   |                              |              | SMALL ENTITY TYPE   |                        | OR         | OTHER THAN SMALL ENTITY |                        |
|--|--|---|--|---------------------------------|---|------------------------------|--------------|---------------------|------------------------|------------|-------------------------|------------------------|
| U.S. NATIONAL STAGE FEES   |  |   |  | ,                               |   | Column                       | ,            | RATE                | FEE                    | ]          | RATE                    | FEE                    |
| BAS  | IC FEE   |   | SMALL ENT. = \$ 150  |                                 | LARGE ENT. = \$ 300                     |                              | BASIC FEE    | 150                 | OR                     | BASIC FEE  | <del></del>             |                        |
| EXA  | MINATION FE                                    | E   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                     |                                 | All other situations = .\$ 100 / \$ 200 |                              | EXAM. FEE    | 100                 |                        | EXAM. FEE  |                         |                        |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                 |   | her situation<br>250 / \$ 50 |              | SEARCH FEE          | 200                    |            | SEARCH FEE              | -                      |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |                                 | / 50 =                                  |                              | X \$ 125 =   | 7                   |                        | X \$ 250 = |                         |                        |
| тот  | AL CHARGEA                                     | BLE CLAIMS                                | 12 minus 20 = ,  |                                 | . /                                     |                              | X \$ 25 =    |                     | OR                     | X \$ 50 =  |                         |                        |
| IND  | EPENDENT CL                                    | AIMS                                      | 1 m  |                                 |   |                              | X \$ 100 =   |                     | OR                     | X \$ 200 = |                         |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PR                             | SENT   |                                 |   |                              | + \$ 180 =   | /                   | OR                     | + \$ 360 = |                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                                 |   |                              |              | TOTAL               | 450                    | OR         | TOTAL                   |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |  |                                 |   |                              | mn 3)        | SMALL ENTITY        |                        | OR         | OTHER<br>SMALL E        |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID  | BER<br>DUSLY                            | PRES<br>EXT                  |              | RATE                | ADDI-<br>TIONAL<br>FEE | ٠.         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Ţotal  | *   | Minus  | **                              |   | =                            |              | X \$ 25 =           |                        | OR-        | X \$ 50 =               |                        |
|  | Independent                                    | *   | Minus .  | ***                             |   | =                            |              | X \$ 100 =          |                        | OR         | X \$ 200 =              |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                 |   |                              |              | + \$ 180 =          |                        | OR         | + \$ 360 =              |                        |
|  |  |   |  |                                 | TOTAL ADDIT.<br>FEE                     |                              | OR           | TOTAL ADDIT.<br>FEE |                        |            |                         |                        |
|  |  | (Column 1)                                |  | (Colun                          | nn 2)                                   | (Colur                       | nn 3)        |                     |                        |            |                         | 1                      |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHI<br>NUME<br>PREVIO<br>PAID | EST<br>BER<br>OUSLY                     | PRES                         | ENT          | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total ·  | *   | Minus  | **                              |   | =                            |              | X \$ 25 =           |                        | OR         | X \$ 50 =               |                        |
|  | Independent                                    | *   | Minus  | ***                             |   | =                            |              | X \$ 100 =          |                        | OR         | X \$ 200 =              |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                 |   |                              |              | + \$ 180 =          |                        | OR         | + \$ 360 =              |                        |
| TOTAL ADDIT.<br>FEE  |  |   |  |                                 |   |                              |              |                     |                        | OR         | TOTAL ADDIT.<br>FEE     |                        |
|  |  | imn 1 is less than the                    |  |                                 |   |                              | 0 <b>"</b> . |                     |                        |            |                         |                        |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.